



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>HARDEES</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>ASTS-9NKHTF</b>	Facility Telephone # <b>608 796-1557</b>
Facility Address <b>2505 STATE RD LA CROSSE , WI 54601</b>	
Licensee Name <b>NORTHLAND RESTAURANT GROUP LLC</b>	Licensee Address <b>3112 GOLF RD EAU CLAIRE , WI 54701</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>December 7, 2018</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
walk in cooler	40
Under counter make cooler	41
under counter cashier cooler	42
stacked 2 door reach in cooler	37
under counter breakfast reach in cooler	34
drive thru reach in cooler	40

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
hot hold roast	158
cold hol shredded lettuce walk in cooler	42
cook temp sausage	200

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 compartment sink	chemical		400	QA	
wiping bucket	chemical		400	QA	

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

<b>Comments:</b>
<a href="#">Menu review and risk assessment conducted.</a>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian

A handwritten signature in black ink, appearing to read "Brian Sveen". The signature is fluid and cursive, with a large initial "B" and a long horizontal stroke.

**brian sveen**

A handwritten signature in black ink, appearing to read "Aron Newberry". The signature is more angular and less cursive than the one above, with a prominent "A" and several sharp strokes.

**Aron Newberry**  
**(608) 785-9730**